## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MISSOURI EASTERN DIVISION

In Re:	) Case No. 14-48739-399
Scott J. Gerstenberg	)
	) Chapter 13
Debtors,	)

#### **MEMORANDUM**

PLEASE TAKE NOTICE, that pursuant to Federal Rule of Bankruptcy Procedure 1009, Debtor has filed an *Amended Schedule I and J*. The Debtor's income and expenses have changed as follows:

<u>Income</u>	Original Schedule I	Amended Schedule I
Average monthly income	\$3,761.82	\$4,043.21
Expense	Original Schedule J	Amended Schedule J
Rent	\$700.00	\$750.00
Food/housekeeping	\$420.00	\$650.00
Childcare/Education cost	\$200.00	\$240.00
Misc.	\$120.00	\$0.00

All other income and expenses have remained the same.

Respectfully Submitted
THE BANKRUPTCY COMPANY

/s/ David N. Gunn

David N. Gunn, #54880MO 2025 S. Brentwood Blvd., Ste. 206

St. Louis, MO 63144 Tel: 314-961-9822 Fax: 314-961-9825

generalmail@thebkco.com

Fill	in this information to	n identify your ca	ase.								
	otor 1		h Gerstenberg								
	otor 2 use, if filing)										
Unit	ted States Bankrupt	tcy Court for the	EASTERN DISTRICT	OF MISSOURI							
Cas	se number 14-	48739					Chec	k if this is	:		
(If kn	own)			-			<b>■</b> A	n amende	ed filing		
										ing postpetition following date:	
<u>Of</u>	fficial Form	<u> 1061</u>					N	1M / DD/ \	YYYY		
Sc	chedule I: `	Your Inco	ome								12/1
spoi	use. If you are seponds a separate sheet	arated and you	are married and not filir r spouse is not filing w On the top of any additi	ith you, do not inc	clude infori	matio	n about	t your spo	ouse. If n	nore space is	needed,
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor 2	2 or non-	filing spouse	
information about additional employers.			Fundament status	■ Employed				☐ Employed			
			Employment status	☐ Not employed				☐ Not employed			
		Occupation	Telecommunications Analyst								
	Include part-time, self-employed wor		Employer's name	Enterprise							
	Occupation may in or homemaker, if i		Employer's address	8421 St. Johns Ind Ct Saint Louis, MO 63114							
			How long employed t	here? 6 Mo	nths						
Par	f 2: Give Det	ails About Mor	athly Income		-			_			
<b>Estir</b> spou	mate monthly inco	ome as of the da separated.	ate you file this form. If		·					·	
more	o opace, anach a ce	parate shoet to	uno 161111.				For Del	otor 1		ebtor 2 or iling spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$_	5	,849.70	\$	N/A	
3.	Estimate and list	monthly overti	ime pay.		3.	+\$_		0.00	+\$	N/A	
4.	Calculate gross I	ncome. Add lir	ne 2 + line 3.		4.	\$_	5,84	49.70	\$_	N/A	

Debto	or 1	Scott Joseph Gerstenberg	_		Case r	number ( <i>if k</i>	nown)	14-4	8739		
					For	Debtor 1		For	Debtor	2 or	
									n-filing s	•	
	Cop	by line 4 here	4.		\$	5,849	9.70	_ \$_		N/	<u>A</u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	1,53	7.32	\$		N/	A
	5b.	Mandatory contributions for retirement plans	5b	).	\$		0.00			N/	A
	5c.	Voluntary contributions for retirement plans	50	<b>;</b> .	\$		0.00	\$		N/	A
	5d.	Required repayments of retirement fund loans	50	1.	\$		0.00			N/	
	5e.	Insurance	5e		\$	26	9.17	—		N/	
	5f.	Domestic support obligations	5f		\$		0.00	—		N/	
	5g. 5h.	Union dues Other deductions. Specify:	5g	J. 1.+	\$		0.00	–		N/	
			_	1.+	· —		0.00			N/	_
		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,80				N/	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,04	3.21	_		N/	<u>A</u>
		all other income regularly received:									
	8a.	Net income from rental property and from operating a business, profession, or farm									
		Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total	•		•			•			_
	Oh	monthly net income.	8a 8b		\$_		0.00			N/	
	8b. 8c.	Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent		).	\$		0.00	_ Φ_		N/	<u>A</u>
	00.	regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce									
		settlement, and property settlement.	80		\$		0.00			N/	
	8d.	Unemployment compensation	80		\$		0.00	—		N/	
	8e.	Social Security	86	<del>)</del> .	\$		0.00	_ \$_		N/	<u>A</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance	2								
		that you receive, such as food stamps (benefits under the Supplemental									
		Nutrition Assistance Program) or housing subsidies.						_			
	•	Specify:	_ 8f		\$		0.00			N/	
	8g.	Pension or retirement income	80		\$		0.00			N/	
	8h.	Other monthly income. Specify:	_ 01	۱.+	\$		J.UU	_ + \$_		N/	<u>A</u>
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	(	0.00	\$		N	/A
				L						1	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	4	1,043.21	+ 9	;	N/A	= \$	4,043.21
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		,					, , , , , , , , , , , , , , , , , , ,
11.	Stat	te all other regular contributions to the expenses that you list in Schedule	. J.								
		ude contributions from an unmarried partner, members of your household, your		end	lents,	your room	mat	es, and			
		er friends or relatives.	:1	_  _			1:	-41: (	0-1	. ,	
	Spe	not include any amounts already included in lines 2-10 or amounts that are not cify.	avaii	abi	e to p	ay expens	es II	stea in c		∌J. +\$	0.00
	Оро										0.00
12.	Add	I the amount in the last column of line 10 to the amount in line 11. The res	sult is	the	e com	bined mo	nthly	income			
		e that amount on the Summary of Schedules and Statistical Summary of Certa	in Lia	bili	ities a	nd Relate	d Da	ta, if it	12.	<b>Q</b>	4,043.21
	app	lles							12.	LΨ —	7,070.21
										Comb	
12	Do 1	you expect an increase or decrease within the year after you file this form	2							mont	hly income
10.	<b>.</b>	No.	•								
	_	Yes. Explain:									
	_										

Fill	in this information to identify your case:							
Deb	otor 1 Scott Joseph Gerstenberg		Checl	k if this is:				
				An amended filing				
Debtor 2 (Spouse, if filing)			A supplement showing postpetition chap 13 expenses as of the following date:					
Uni	ted States Bankruptcy Court for the: _EASTERN DISTRICT OF MISSOL	JRI	1	MM / DD / YYYY				
	se number 14-48739 (nown)							
0	fficial Form 106J							
S	chedule J: Your Expenses				12/1			
Be	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this f mber (if known). Answer every question.							
Par 1.	rt 1: Describe Your Household Is this a joint case?							
	■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?							
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Househ	old of Debte	or 2.				
2.	Do you have dependents? □ No	·						
	Do not list Debtor 1 and Debtor 2.  Fill out this information for each dependent	Dependent's relatio Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?			
	Do not state the				□ No			
	dependents names.	Son		14	Yes			
					□ No □ Yes			
		-		-	□ res □ No			
					☐ Yes			
					□ No			
_	De verm en				☐ Yes			
3.	Do your expenses include expenses of people other than yourself and your dependents?							
	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yo	ou are using this for	m 26 2 611r	anlament in a Cha	inter 12 case to report			
exp	penses as of a date after the bankruptcy is filed. If this is a suppliplicable date.							
	clude expenses paid for with non-cash government assistance if							
	fficial Form 106l.)	our income		Your expe	enses			
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		750.00			
	If not included in line 4:							
	4a. Real estate taxes		4a. \$		0.00			
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00			
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00			
_	4d. Homeowner's association or condominium dues		4d. \$		0.00			
5.	Additional mortgage payments for your residence, such as hor	ne equity loans	5. \$		0.00			

Scott Jo	seph Gerstenberg	Case number (if know	vn) <b>14-48739</b>
ities:			
Electricity	, heat, natural gas	6a. \$	120.00
•	· · · · · · · · · · · · · · · · · · ·	6b. \$	75.00
		6c. \$	251.00
•		6d. \$	0.00
			650.00
		· —	240.00
		·	135.00
•	•	· ——	120.00
		· —	120.00
	•	Π. Ψ	120.00
		12. \$	350.00
		13. \$	120.00
		·	0.00
	insulions and rengious denations	Ι-Ψ. Ψ	0.00
	nsurance deducted from your pay or included in lines 4 or 2	0.	
		15a. \$	0.00
		· —	0.00
		· —	145.00
		· —	
			0.00
	icique taxes deducted from your pay or included in lines 4 (		0.00
,	ease navments:	10. ψ	0.00
		17a  \$	0.00
		· —	0.00
		· —	
			0.00
	·	· <u></u>	0.00
			0.00
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00
	s you make to support others who do not live with you.	·	0.00
	arty expenses not included in lines 4 or 5 of this form		26
			0.00
		·	0.00
		· —	
		· —	0.00
		· —	0.00
		·	0.00
er: Specify:	Pet Expenses	21. +\$	55.00
culate vour	monthly expenses		
-	•	\$	3,131.00
	· ·		3,131.00
:. Add line 22	a and ZZD. I ne result is your monthly expenses.	\$	3,131.00
culate your	monthly net income.		
•	•	23a. \$	4,043.21
		23b\$	3,131.00
1772	, ,	,	
. Subtract v	our monthly expenses from your monthly income.		
		23c.  \$	912.21
example, do yo	ou expect to finish paying for your car loan within the year or do you		increase or decrease because of a
No.			
	ities:  Electricity Water, see Telephone Other. Spe od and hous iddcare and of sonal care p dical and de nsportation. not include continuance. not include in Life insura Description Carpaym Carpayments Carpayme	itities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: da and housekeeping supplies idicare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses insportation. Include gas, maintenance, bus or train fare. not include car payments. ertrainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations urance. not include insurance deducted from your pay or included in lines 4 or 2 i. Life insurance i. Life insurance. Vehicle insurance Specify: tes. Do not include taxes deducted from your pay or included in lines 4 or cify: tallment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Ir payments of alimony, maintenance, and support that you did not fucted from your pay on line 5, Schedule 1, Your Income (Official Forer payments you make to support others who do not live with you. serify: ter real property expenses not included in lines 4 or 5 of this form of the payments on other property Real estate taxes Property, homeowner's, or renter's insurance Homeowner's association or condominium dues ther: Specify: Pet Expenses  culate your monthly expenses for Debtor 2), if any, from Official Forer. Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Forer. Add line 22a and 22b. The result is your monthly expenses.  culate your monthly net income. Copy your monthly net income. Copy your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses within the year or do you diffication to the terms of your mortgage?	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Crither, Specify: Gat and housekeeping supplies Iddare and children's education costs thing, laundry, and dry cleaning sonal care products and services Idical and dental expenses Include gas, maintenance, bus or train fare. Include gas, maintenance, bus or train fare. Include gas, maintenance, bus or train fare. Include contributions and religious donations Irrance. Include insurance deducted from your pay or included in lines 4 or 20. Life insurance Include insurance deducted from your pay or included in lines 4 or 20. Life insurance Include insurance Inc

Fill in this information to identify your case:						
Debtor 1	Scott Joseph Ger	Scott Joseph Gerstenberg				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		EASTERN DISTRICT C	DF MISSOURI			
Case number	14-48739					
(if known)						

■ Check if this is an amended filing

# Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

T an attorney to help you fill out bankruptcy forms?
Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
the summary and schedules filed with this declaration and  X  Signature of Debtor 2

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MISSOURI EASTERN DIVISION

		LICI DI VIDIOI
In Re:		)
		) Case No. 14-48739-399
Scott J. Gerstenberg,		)
		)
		) Chapter 13
	Debtor-Movant,	)

### **CERTIFICATE OF SERVICE**

COMES NOW Debtor, Scott J. Gerstenberg, by and through his attorneys of record and certifies that on **August 1, 2016**, pursuant to Local Rule 1009, Debtor served the Chapter 13 Trustee via ECF, a true copy of the following Memorandum and AMENDED Document: *Amended Schedule I and J*.

/s/ Meagon Bradley

Meagon Bradley, Paralegal *The Bankruptcy Company* 

Via cm/ecf:

John V. LaBarge PO Box 430908 Saint Louis, MO 63143 Chapter 13 Trustee

Thomas Eagleton Courthouse 111 S. Tenth Street, Ste 6353 St. Louis, MO 63102 Offices of U.S. Trustee